

Mental Health Redesign and Implementation Task Force

Milwaukee County Mental Health Complex – Day Hospital Cafeteria

Wednesday, July 10, 2013

Representatives: Barbara Beckert (Disability Rights Wisconsin); Serge Blasberg (Quality AT); Beth Burazin (Person-Centered Care AT); Pete Carlson* (Aurora Behavioral Health); Kristina Finnel (Community Linkages AT); Pam Fleider (MC3); Rachel Forman (Grand Avenue Club); Mark Fossie (Families Moving Forward); Susan Gadacz* (BHD); Peter Hoeffel (Person-Centered Care AT); Henry Kunath (Quality AT); Rochelle Landingham (Cultural Intelligence AT); Jim Mathy (Community Linkages AT); Mary Neubauer (Continuum of Care AT); Tom Nowak (Midwest Community Services); Brenda Wesley (NAMI); Nathan Zeiger (MC3)

Staff/Guests: Matthew Fortman; Shawn Green; Chantil Harris; Nathaniel Holton; David Johnson; Jim Kubicek; Amy Lorenz; Angie Moran; Chyra Trost

Introductions & approval of minutes

Ms. Gadacz called the meeting to order and began introductions. The minutes of the June 5 meeting were approved as written.

State legislation on Chapter 51

Mr. Kubicek briefed the Task Force on the issue of emergency detentions under Chapter 51. State legislators on the Speaker's Task Force on Mental Health are considering the matter of who is given authority to detain. Wisconsin is currently one of very few states that give detaining authority exclusively to law enforcement, and it is being proposed that the authority should also be extended to Treatment Directors or a Treatment Director's designee. With this change, the detaining authority in Milwaukee County would initially be limited to clinicians on the Mobile Crisis Team, focusing on voluntary alternatives and likely reducing the gross number of emergency detentions. Rep. Sandy Pasch has expressed interest and support for legislation to this effect.

Progress on SMART Goals

Cultural Intelligence: Ms. Landingham reported that the Action Team meets on the second Tuesday of each month, 12:30 to 2:00, at Holy Recovery Church. The second meeting took place on July 9, and five subcommittees were established to work on [SMART Goal 16](#): 1) Annual Cultural Intelligence Action Plan; 2) Training and Curriculum; 3) Data Mapping (working with Quality AT); 4) Peer Participant Access and Outcomes; and 5) Program Enhancement. Mr. Blasberg suggested subcommittees be known as "workgroups" or "working groups" for consistency with other ATs, and Mr. Hoeffel asked about involving Clinicians of Color. Ms. Landingham welcomed both suggestions and indicated she would reach out to Clinicians of Color.

Community Linkages: Ms. Finnel reported that consultant David Lynde has worked with two of the four agencies committed to implementing the IPS Supported Employment model ([Goal 12](#)). The AT met with Ms. Gadacz in June to provide feedback on an upcoming RFP for infrastructure development for the IPS model. The AT has also compiled list of local agencies providing employment support. The list is not yet complete but is included on the Mental Health America [website](#) and will be updated. Mr. Mathy reported that Journey House responded to an RFP for housing for individuals aging out of foster care, proposing a large plan for the Clarke Square neighborhood, including housing and job training ([Goal 13](#)). Mr. Mathy

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suggested a housing focus group within the Action Team to solicit more community input to assist the Housing Division. The deadline for application for previously mentioned CDBG job creation funds is July 15, and there will be an update at the next Task Force meeting. Pathways to Permanent Housing will hold an open house on July 25.

Continuum of Care: Ms. Neubauer reported that Ms. DuBord is no longer with TLS but will continue to serve as co-chair of the Action Team. The AT meets every fourth Tuesday and last met on June 25. The AT has struggled with maintaining its attendance and membership and will reach out to those who had previously participated. The resolution to implement 1915(i) Community Recovery Services (CRS) – referenced in [Goal 5](#) and [Goal 9](#) – was returned to committee by the County Board of Supervisors based on the objections of some Supervisors. The Committee on Health and Human Needs will consider the resolution again in July and send their recommendation back to the full Board. The Community Linkages AT planned to send the Board a letter of support for CRS and extended the invitation to the full Task Force to sign on. Ms. Finnel and Ms. Beckert will produce that letter for members' review and endorsement. Regarding [Goal 5](#), Ms. Gadacz indicated that the Resource Strategy Team may work with the Public Policy Forum to flesh out a fiscal outlook in further detail. BHD is also utilizing the services of BSG and consultant Peter Garner to look internally at what the County should be doing in preparation for full implementation of the Affordable Care Act and how to create a "business plan" for long-term viability and maximization of resources. BSG has done similar analyses for Aurora, Wheaton Franciscan, and Columbia St. Mary's. A small workgroup met in June to begin work on [Goal 11](#).

Person-Centered Care: The AT meets every fourth Thursday and continues its focus on [Goal 1](#) and [Goal 2](#). A workgroup for Goal 1 is drafting a preface for the MHSIP survey tool and revising the survey to appear less bureaucratic and stale. Aurora representatives have shared their survey tools with the group for comparison and discussion. The group is also working with BRSS TACS (SAMHSA initiative) to frame the MHSIP survey more like an opportunity than a chore. The AT indicated it would rely on the Quality AT and its workgroups to capture stories of change, which they assess the MHSIP as failing to do. Turnaround time for getting MHSIP results to provider agencies should also be improved to promote timely quality improvement, but that is a matter of limited resources. Recognizing the expansive view of the role and scope of the [Goal 1](#) workgroup, Ms. Burazin expressed confidence that whatever might not be accomplished within redesign efforts could be effectively championed with other partners through the MC3. A workgroup focusing on [Goal 2](#) will meet in July to create a curriculum for public education sessions. The AT is working with Rogers InHealth and the Wisconsin Initiative for Stigma Elimination (WISE) to recruit individuals willing to share their personal stories. InHealth has short videos of personal stories that may be used if there is no one available or willing to speak in a particular district. The sessions may feature pieces of art, and the AT co-chairs raised the idea of a partnership with Grand Avenue Club. Cognizant of time constraints and attendance patterns, the separate Goal 1 and Goal 2 meetings will hereafter be incorporated into the full AT meeting, possibly extending that meeting somewhat.

Quality: The full AT meets on the last Friday of each month and focuses at present on [Goal 6](#). Mr. Blasberg and Mr. Kunath presented the final deliverables that the TriWest Group produced, including a system dashboard concept, a broad system map, and a dashboard for SMART Goal progress tracking. The AT and three workgroups now have the task of further adapting these tools to be useful to the redesign efforts and the system as a whole. The Dashboard Workgroup is focused on Tactical Objective 6.1 and considering seven general system monitors – service capacity, service utilization, length of stay (efficiency), admissions per person (efficacy),

satisfaction with access, satisfaction with service delivery, and satisfaction with post-discharge follow-up. With these or any such monitors, the challenge ahead is how to collect data and whom to monitor, which is the crux of Tactical Objective 6.2. The co-chairs emphasized the importance of maintaining a person-centered focus in all of this, which is noted in Tactical Objective 6.3 and addressed by the Personal & Family Stories Workgroup. The TriWest materials were held up as a basic starting point from which the AT and workgroups can now chart their own course. The optimal product will show all services on one graph, differentiate and show movement between levels of care, depict how resources are allocated and shifted, and identify gaps in need of attention.

Presentation by Milwaukee Co-Occurring Competency Cadre

Mr. Zeiger presented on the history, purpose, and activities of the Milwaukee Co-Occurring Competency Cadre, or MC3. ([PDF of presentation slides](#))

One-Day Working Forum

Time constraints precluded additional discussion of the proposal (initially presented in May). Following the meeting, a revised draft of the proposal was e-mailed and [posted to the website](#) for Task Force review.

Next steps

The Redesign Task Force will not meet in August and will reconvene on **September 4**. Action Teams and their various workgroups will meanwhile continue to meet according to their respective schedules and as determined by their co-chairs. Participants should consult the [online calendar](#) or contact the appropriate group leader(s) for details of upcoming meetings.